05/20/2010 16:53

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Health Care Association Political Action Committee 1201 L Street, NW ADDRESS (number and street) Check if different than previously DC 20005 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00006080 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 04 0 1 2010 04 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Leonard Russ Type or Print Name of Treasurer Electronically Filed by Mr. Leonard Russ 05 20 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 25 FEC Form 3X (Rev. 02/2003)

	Write or Type Committee Name American Health Care Association Political	Action Committee	
F	Report Covering the Period: From:	0 1 Y Y Y Y Y Y 2 0 1 0	To: 0 4 3 0 Y Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		128897.14
	(b) Cash on Hand at Begining of Reporting Period	186181.80	
	(c) Total Receipts (from Line 19)	41540.48	274325.14
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	227722.28	403222.28
7.	Total Disbursements (from Line 31)	45500.00	221000.00
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	182222.28	182222.28
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 25

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

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м м 0 4 D D D

^Y ^Y ^Y ^Y 2010

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	39342.00	242274.94
(ii) Unitemized	2198.48	21550.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	41540.48	263825.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	5500.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	41540.48	269325.14
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	5000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	41540.48	274325.14
. Total Federal Receipts (subtract Line 18(c) from Line 19)	41540.48	274325.14

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 25

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	45500.00	221000.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i euciai Stiale		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	45500.00	221000.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	45500.00	221000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 25

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
otal Contributions (other than loans) rom Line 11(d), page 3)	41540.48	269325.14
otal Contribution Refunds rom Line 28(d))	0.00	0.00
et Contributions (other than loans) subtract Line 34 from Line 33)	41540.48	269325.14
otal Federal Operating Expenditures add Line 21(a)(i) and Line 21(b))	0.00	0.00
offsets to Operating Expenditures rom Line 15, page 3)	0.00	0.00
et Operating Expenditures subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or t	y information copied from such Reports and Sta for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) American Health Care Association Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Steve Ackerson Mailing Address 6750 Westown Pkwy Ste 100 City West Des Moines FEC ID number of contributing federal political committee. Name of Employer lowa Health Care Assn. Receipt For: Primary General Other (specify)		Zip Code 50266-7716 on e Director e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 9 2 0 1 0 Transaction ID: C907285 Amount of Each Receipt this Period 1000.00
В.	Full Name (Last, First, Middle Initial) Alan Anderson Mailing Address 5001 E Anaheim Street City Long Beach FEC ID number of contributing federal political committee. Name of Employer South Coast Healthcare Management Receipt For: Primary General Other (specify)	State CA C Occupation Presiden		Date of Receipt M M M / D D / Y Y Y Y Y O 4
	Full Name (Last, First, Middle Initial) Brent Barraclough Mailing Address PO Box 3849 City Salem FEC ID number of contributing federal political committee. Name of Employer IDL Services, Inc. Receipt For: Primary General Other (specify)	State OR C Occupation Presiden Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 4 3 0 2 0 1 0 Transaction ID: C913138 Amount of Each Receipt this Period 250.00
SI	UBTOTAL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3X)

Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Health Care Association Full Name (Last, First, Middle Initial)	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
Full Name (Last, First, Middle Initial)					
Stephen C. Biondi			Date of Receipt		
Mailing Address Extendicare, Inc. 111 West Michigan S	04 05 2010				
City Milwaukee	State WI	Zip Code 53202	Transaction ID: C903412		
FEC ID number of contributing federal political committee.	C	33202	Amount of Each Receipt this Period 500.00		
Name of Employer Extendicare, Inc.	Occupation Informati	n on Requested			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Bretton J Bolt Mailing Address 6937 Warfield Avenu	Je		Date of Receipt		
City	State	Zip Code	04 22 2010		
Sykesville	MD	21784	Transaction ID: C912385 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1250.00		
Name of Employer Nexion Health Care	Occupation CFO	n			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1250.00			
Full Name (Last, First, Middle Initial) Roch Carter			Date of Receipt		
Mailing Address 111 W Michigan St					
City	State	Zip Code	0 4 0 8 2 0 1 0 Transaction ID: C905983		
Milwaukee FEC ID number of contributing federal political committee.	C	53203-2903	Amount of Each Receipt this Period 550.00		
Name of Employer Unicare Health Facilities	Occupation General				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00			
SUBTOTAL of Receipts This Page (optional)			2300.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 25 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association F	d Statements may not be sold or used by any personante name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory Chambery Mailing Address 100 Daniel Drive City Webster FEC ID number of contributing federal political committee. Name of Employer Maplewood Nursing Home Receipt For: Primary General Other (specify)	State Zip Code NY 14580-2912 C Occupation Administrator Aggregate Year-to-Date 1000.00	Date of Receipt M M M D D D 2 0 1 0 Transaction ID: C907284 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Gerald Cox Mailing Address PO Box 7728 City Rocky Mount FEC ID number of contributing federal political committee. Name of Employer Autumn Corp Receipt For: Primary General Other (specify)	State Zip Code NC 27804-0728 C Occupation President Aggregate Year-to-Date 5000.00	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Thomas East Mailing Address 2406 Olde Salem Di City Salem FEC ID number of contributing federal political committee. Name of Employer American HealthCare,LLC Receipt For: Primary General Other (specify)	State Zip Code VA 24153 C Occupation VP of Operations Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 4 2 0 1 0 Transaction ID: C906002 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)	4500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 25 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association Poli	itical Action	Committee	
Full Name (Last, First, Middle Initial) Gregory J. Elliot			Date of Receipt
Mailing Address AMFM, Inc. 240 Capitol Street			0 4 1 9 2 0 1 0
City	State	Zip Code	Transaction ID: C907280
Charleston	WV	25301-2297	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer AMFM, Inc.	Occupation IT Coord		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 832.00	
Full Name (Last, First, Middle Initial) Toni Fatone	Date of Receipt		
Mailing Address 111 Founders Plaza			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C907281
East Hartford	CT	06108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Connecticut Association of HC Faciliti	Occupation Executive	n e Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Irene Fleshner			Date of Receipt
Mailing Address 3240 Gulf of Mexico Dr			0 4 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C903413
Longboat Key	FL	34228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		550.00
Name of Employer Genesis HealthCare Corpor- ation	Occupation Nurse Ex		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)		·····	884.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Howard Groff Mailing Address 9031 Penn Avenue S			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Bloomington	State MN	Zip Code 55431-2225	Transaction ID: C903414 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Tealwood Care Centers Inc	C	n	1250.00
	Tealwood Care Centers Inc Receipt For: Primary General Other (specify) ▼	Presiden		
В.	Full Name (Last, First, Middle Initial) Robert W. Hagan Mailing Address 16 Norcross Street			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	#100 City	State	Zip Code	Transaction ID: C905982
	Roswell FEC ID number of contributing federal political committee.	GA C	30075	Amount of Each Receipt this Period 5000.00
	Name of Employer Sterling Healthcare	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
- C.	Full Name (Last, First, Middle Initial) David Hebert			Date of Receipt
	Mailing Address 7605 Ridgecrest Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Alexandria	State VA	Zip Code 22308-1049	Transaction ID: C905991
	FEC ID number of contributing federal political committee.	C	22306-1049	Amount of Each Receipt this Period 38.47
	Name of Employer AHCA	Occupation Senior V	n ice President of Advocacy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 346.01	
	SUBTOTAL of Receipts This Page (optional)			6288.47
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 25 (check only one) X		
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) David Hebert Mailing Address 7605 Ridgecrest Drive	David Hebert				
City Alexandria FEC ID number of contributing federal political committee.	State VA	Zip Code 22308-1049	Transaction ID: C907335 Amount of Each Receipt this Period 38.47		
Name of Employer AHCA Receipt For: Primary General Other (specify) ▼		ice President of Advocacy e Year-to-Date 346.01			
Full Name (Last, First, Middle Initial) Margaret Hodgson Mailing Address 509 E Fannin St	Date of Receipt 0 4 2 9 2 0 1 0				
City De Kalb FEC ID number of contributing federal political committee.	State TX	Zip Code 75559-1838	Transaction ID: C913172 Amount of Each Receipt this Period 500.00		
Name of Employer Information Requested Receipt For: Primary General Other (specify)	Occupatio Informati	ion Requested e Year-to-Date ▼ 500.00	1		
Full Name (Last, First, Middle Initial) David Kyllo Mailing Address 4621 28th Road Sout	h		Date of Receipt		
City Arlington FEC ID number of contributing federal political committee.	State VA	Zip Code 22206	Transaction ID: C905992 Amount of Each Receipt this Period 39.56		
Name of Employer AHCA Receipt For: Primary General Other (specify) ▼	- '	Assisted Living e Year-to-Date 356.04			
SUBTOTAL of Receipts This Page (optional)	1)	578.03		

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Po	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) David Kyllo Mailing Address 4621 28th Road South	1		Date of Receipt
	City Arlington	State VA	Zip Code 22206	Transaction ID: C907336 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		39.56
	Name of Employer AHCA Receipt For: Primary General Other (specify) ▼	, 	Assisted Living e Year-to-Date 356.04	
В.	Full Name (Last, First, Middle Initial) Larry Lane Mailing Address 1616 Stephens Dr			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C913170
	Wayne FEC ID number of contributing federal political committee.	C	19087-1023	Amount of Each Receipt this Period 550.00
	Name of Employer Genesis	Occupation Sr VP, F	on Regulatory Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1050.00	
C.	Full Name (Last, First, Middle Initial) Greg Lentz	1		Date of Receipt
	Mailing Address Waterway Plaza One 10003 Woodloch Fore	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City The Wandlerde	State	Zip Code	Transaction ID: C913140
	The Woodlands FEC ID number of contributing federal political committee.	C	77380	Amount of Each Receipt this Period 5000.00
	Name of Employer Healthmark Group	Occupation Vice Pre	on sident Finance	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 5000.00	
	SUBTOTAL of Receipts This Page (optional)		······	5589.56
Ì	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	 y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Association Pol	litical Action	Committee	
Full Name (Last, First, Middle Initial) David Lowry			Date of Receipt
Mailing Address 100 W Ramsey St			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: C906466
Dawson Springs	KY	42408-1739	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Tradewater Pointe LLC	Occupation Partner	n	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Judy Manasco	!		Date of Receipt
Mailing Address Nexion 490 Cedar Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C907276
<u>Many</u>	LA	71449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Information Requested	Occupation Information	n on Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Karen McCormack	1		Date of Receipt
Mailing Address 209 N Beaver St			04 15 2010
City York	State PA	Zip Code 17401-5321	Transaction ID: C906380 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1770 5021	2500.00
Name of Employer Wilmac Corp	Occupation Presiden		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional))	8000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	d Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association F			solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Cynthia Klisz Morton Mailing Address 4609 Overbrook Roa	ad		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C905993
<u>Bethesda</u>	MD	20816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		38.47
Name of Employer American Health Care Association Receipt For: Primary General Other (specify) ▼		n nent Affairs e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Cynthia Klisz Morton Mailing Address 4609 Overbrook Roa	ad		Date of Receipt
City Bethesda FEC ID number of contributing federal political committee.	State MD	Zip Code 20816	Transaction ID: C907337 Amount of Each Receipt this Period 38.47
Name of Employer American Health Care Association Receipt For: Primary General Other (specify) ▼		n nent Affairs e Year-to-Date ▼ 398.42]
Full Name (Last, First, Middle Initial) Rich Pell			Date of Receipt
Mailing Address 21 Greystone Drive			$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y \\ 0.4 & & 0.6 & & 2.01.0 \end{bmatrix}$
City Shepherdstown	State WV	Zip Code 25443-4075	Transaction ID: C904181 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		275.00
Name of Employer Genesis	Occupatio SR VP	n	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (optional)		351.94

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 25 (check only one) X 11a 11b 11c 12
	d Statements may not be sold or used by any per the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Michael Shepard		Date of Receipt
Mailing Address PO Box 125		04 19 2010
City	State Zip Code	Transaction ID: C916921
<u>Mena</u>	AR 71953	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Shepard Group	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) Dean Solden		Date of Receipt
Mailing Address 12005 Scio Church	Rd	04 08 7 2010
City	State Zip Code	Transaction ID: C903844
Chelsea	MI 48118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Solden Development Company	Occupation Owner/CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jennie Soukop		Date of Receipt
Mailing Address Pleasant Valley Hea 1525 Pleasant Valle		04 29 2010
City	State Zip Code	Transaction ID: C913143
Garland	TX 75040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Pleasant Valley Healthcare & Rehabilit	Occupation Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional		1850.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full) American Health Care Association Pol	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. MM C C C F fe	ull Name (Last, First, Middle Initial) fartin Stott failing Address PO Box 945 city Clinton EC ID number of contributing ederal political committee. lame of Employer Diversified Health Care deceipt For: Primary General		Zip Code 70722-0945 on ion Requested e Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B. <u>E</u> M C <u>T</u> F	Other (specify) ull Name (Last, First, Middle Initial) and Thibodaux failing Address Southern Magnolia, LL 201 West 7th Street ity Thibodaux EC ID number of contributing ederal political committee.	State LA	Zip Code 70301	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S -	lame of Employer couthern Magnolia leceipt For: Primary General Other (specify)		n It of Operations e Year-to-Date ▼ 500.00	
C. <u>L.</u> M C S	ull Name (Last, First, Middle Initial) isa Toti failing Address 2140 River Oaks Drive city Calem EC ID number of contributing ederal political committee.	State VA C	Zip Code 24153	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	lame of Employer Imerican HealthCare, LLC Receipt For: Primary General Other (specify)	Vice Pre	sident - Human Resources e Year-to-Date 1000.00	
SUE	BTOTAL of Receipts This Page (optional))	1750.00

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SCHEDULE A (FEC Form 3X)

Other (specify)

FOR LINE NUMBER: PAGE 17/25 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Frank Wronski Date of Receipt Mailing Address 64500 Van Dyke Road 0 4 19 2010 City State Zip Code Transaction ID: C907283 Washington MI 48095-2583 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Medilodge Group Occupation President Receipt For: Aggregate Year-to-Date Primary General 5000.00

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	39342.00

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	y Information copied from such Reports and Sta for commercial purposes, other than using the n											
\rangle	NAME OF COMMITTEE (In Full) American Health Care Association Polit	cal Action Comm	nittee									
<u>/</u>	Full Name (Last, First, Middle Initial) Dan Coats for Indiana					Date	sactio of Dis	burser				W
	Mailing Address PO Box 301141					0 ^M 4		^D 2	6 /	<u>'</u> 2	0 1 0	
	City Indianapolis		Code 230-1141			Amo	unt of I	Each [Disburs			eriod
	Purpose of Disbursement Contributions to Federal Candidates			Ů						500	00.00	_
	Candidate Name Mr Daniel R Coats		"		egory/ ype							
	X Senate President	rsement For: X Primary Other (specify)	2010 General									
	State: IN District: Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE						sactio of Dis		D940 ment	49		
	Mailing Address 424 C Street NE Basement UNIT					0 ^M 4	M /	^D 2	^D /	Ý Ž	0 1 0	Υ
	City Washington		Code 002			Amo	unt of I	Each [Disburs	ement	this P	erioc
	Purpose of Disbursement Contributions to Federal PACs] L				250	00.00	_
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	Office Sought: Senate President State: Disbu	rsement For: Primary Other (specify)	General									
	Full Name (Last, First, Middle Initial) Denham for Congress					Date	of Dis	burser				
	Mailing Address 2150 RIVER PLAZA D	PR #150				0 ^M 4	M /	^D 2	6 /	Ý Ž	0 1 0	Y
	City Sacramento		Code 833			Amo	unt of I	Each [Disburs	ement	this P	erio
	Purpose of Disbursement Contributions to Federal Candidates									100	00.00	
	Candidate Name Mr Jeff Denham				egory/ ype							
	Office Sought: X House Senate President State: CA District: 19	x Primary Other (specify)	2010 General									
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	y Information copied from such Reports a for commercial purposes, other than using				
	NAME OF COMMITTEE (In Full) American Health Care Association				
<u></u>	Full Name (Last, First, Middle Initial) Stivers for Congress				Transaction ID: D94126 Date of Disbursement
	Mailing Address 81 S FIFTH STR	EET			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City Columbus	State OH	Zip Code 43215		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Fedearl Candidates				2000.00
	Candidate Name Mr. Steve Stivers Office Sought: X House	Disbursement For:	2010	Category/ Type	
	Senate President	X Primary Other (spe	General		
	State: OH District: 15 Full Name (Last, First, Middle Initial) Toomey for Senate Committee				Transaction ID: D93719 Date of Disbursement
	Mailing Address 2720 Jordan Roa	ad			$\begin{bmatrix}\begin{smallmatrix}M\\04\end{smallmatrix}\end{bmatrix}^M \begin{smallmatrix}D\\08\end{smallmatrix}\end{bmatrix}^M \begin{smallmatrix}Y\\2010\end{smallmatrix}$
	City Orefield	State PA	Zip Code 18069		
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS Mailing Address PO BOX 3176 City LONG BRANCH NJ 07740 Purpose of Disbursement Voiced Contribution of 10/14/2009 Candidate Name Rep. Frank Pallone, Jr. Office Sought: X House Senate President State: NJ District: 06 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address 499 S Capitol St SW Ste 404 City Washington DC 20003-4004 Purpose of Disbursement Office Sought: X House Senate President Office Sought: X House President Office Sought: X House President State: PA District: 04 Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908-12 Cincinnati Dayton Road	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS Mailing Address PO BOX 3176 City Purpose of Disbursement Voided Contribution of 101/41/2009 Candidate Name Rep. Frank Pallone, Jr. Office Sought: X House President State: NJ District: 06 Full Name (Last, First, Middle Initial) Prices and Intimitive State Vip Code NJ O7740 Transaction ID: D94039 Date of Disbursement Of 4 w		Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Ammerican Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS Mailing Address PO BOX 3176 City State Zip Code NJ 07740 Purpose of Disbursement Voided Contribution of 101/4/2009 Candidate Name Rep. Frank Pallone, Jr. Office Sought: X House President State NJ District: 06 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address 499 S Capitol St SW Ste 404 City Washington DC 20003-4004 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Jason Altmire Office Sought: X House Senate President State: NJ District: 06 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address 499 S Capitol St SW Ste 404 City State: PA District: 04 Full Name (Last, First, Middle Initial) Fill NDS OF JOHN BOE+INER Mailing Address 7908-12 Cincinnati Dayton Road City West Chester OH 45069 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. John N BOE+INER Mailing Address 7908-12 Cincinnati Dayton Road City West Chester OH 45069 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. John A Boehner Office Sought: X House Senate President State Purpose of Disbursement Disbursement Contributions to Federal Candidates Candidate Name Rep. John A Boehner Office Sought: X House Senate Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. John A Boehner Office Sought: X House Senate President President Tory 200 General President Presid				
Mailing Address PO BOX 3176 City State Zip Code NJ 07740 Purpose of Disbursement Voided Contribution of 10/14/2009 Candidate Name Rep. Frank Pallone, Jr. Office Sought: X House Senate President State: NJ District: 06 City State XP Primary General Disbursement Tor: 2010 City Washington DC 20003-4004 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Jank Altmire Office Sought: X House Senate President Disbursement For: 2010 City Washington DC 20003-4004 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Jankon Altmire Office Sought: X House President Disbursement For: 2010 Category/ Type Transaction ID: D94125 Date of Disbursement ID Description Category/ Type Amount of Each Disbursement this Period Category/ Type Transaction ID: D94050 Date of Disbursement ID Description Date of Disbursement ID Description ID Descript	NAME OF COMMITTEE (In Full)			
City State Zip Code NJ 07740 Purpose of Disbursement Voided Contribution of 10/14/2009 Candidate Name Rep. Frank Pallone, Jr. Office Sought:				Date of Disbursement
LONG BRANCH Purpose of Disbursement Voided Contribution of 10/14/2009 Candidate Name Rep. Frank Pallone, Jr. Office Sought: X House President State: NJ District: 06 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address 499 S Capitol St SW Ste 404 City Washington DC 20003-4004 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Jason Altmire Office Sought: X House President State: PA District: 04 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address 499 S Capitol St SW Ste 404 City Washington DC 20003-4004 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Jason Altmire Office Sought: X House President State: PA District: 04 Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908-12 Cincinnati Dayton Road City West Chester OH 45069 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. John A. Boehner Office Sought: X House Senate President Disbursement For: 2010 Category/ Type Category/ Type Category/ Type Category/ Type Office Sought: X House Senate President Disbursement For: 2010 Category/ Type Office Sought: X House Senate President Disbursement For: 2010 Category/ Type Office Sought: X House Senate President Disbursement For: 2010	Mailing Address PO BOX 3176			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
Voided Contribution of 101/14/2009 Candidate Name Rep. Frank Pallone, Jr. Office Sought:				Amount of Each Disbursement this Perio
Rep. Frank Pallone, Jr. Office Sought:				-1000.00
Senate President State: NJ District: 06 Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address 499 S Capitol St SW Ste 404 City Washington DC 20003-4004 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Jason Altmire Office Sought: X House President State: PA District: 04 Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908-12 Cincinnati Dayton Road Transaction ID: D94125 Date of Disbursement Category/ Type Transaction ID: D94050 Date of Disbursement this Peri Amount of Each Disbursement this Peri V Primary General Other (specify) ▼ Transaction ID: D94050 Date of Disbursement Other (specify) ▼ Transaction ID: D94050 Date of Disbursement this Peri Other (specify) ▼ Amount of Each Disbursement this Peri Other (specify) ▼ Transaction ID: D94050 Date of Disbursement this Peri Other (specify) ▼ Category/ Type Office Sought: Amount of Each Disbursement this Peri Other (specify) ▼ Category/ Type Office Sought: Amount of Each Disbursement this Peri Other (specify) ▼ Amount of Each Disbursement this Peri Other (specify) ▼ Category/ Type Other (specify) ▼ Other (specify) ▼ Other (specify) ▼				
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Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Jason Altmire Office Sought:	City			Amount of Each Disbursement this Period
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Senate President Other (specify) ▼ State: PA District: 04 Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908-I2 Cincinnati Dayton Road City State Zip Code West Chester OH 45069 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. John A. Boehner Office Sought: X House Senate President X Primary General A Primary General Candidates Category/ Type Office Sought: X House Senate President Other (specify) ▼ Category/ Type Other (specify) ▼				
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908-I2 Cincinnati Dayton Road City State Zip Code West Chester OH 45069 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. John A. Boehner Office Sought: X House Disbursement For: 2010 Senate Y Primary General Other (specify) Other (specify) Other (specify)	Senate President	X Primary General	7	
City State Zip Code West Chester OH 45069 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. John A. Boehner Office Sought: X House Senate President President State Zip Code OH 45069 Category/ Type Category/ Type Office Sought: X Primary General Other (specify) ▼	Full Name (Last, First, Middle Initial)			Date of Disbursement
West Chester OH 45069 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. John A. Boehner Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) Other (specify)	Mailing Address 7908-I2 Cincinnati Da	ayton Road		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
Contributions to Federal Candidates Candidate Name Rep. John A. Boehner Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify)				Amount of Each Disbursement this Period
Rep. John A. Boehner Office Sought: X House Senate President Disbursement For: 2010 General Other (specify) ▼	Contributions to Federal Candidates			2000.00
Senate X Primary General President Other (specify) ▼				
State: OH District: 08	Senate	X Primary General		
	State: OH District: 08			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	E NUMBER: PAGE 21 / 25					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only of 21b	one)] 22					
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NAME OF COMMITTEE (In Full)	7							
American Health Care Association Politica	Action Committee							
Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS			Transaction ID: D93715 Date of Disbursement					
Mailing Address PO Box 5458			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix}$					
City Springfield	State Zip Code IL 62705		Amount of Each Disbursement this Period					
Purpose of Disbursement Contributions to Federal Candidates			2500.00					
Candidate Name Rep. John M. Shimkus		Category/ Type						
Senate President	ment For: 2010 Primary X General Other (specify) ▼							
State: IL District: 19 Full Name (Last, First, Middle Initial)			T " ID D00740					
FRIENDS OF LOIS CAPPS			Transaction ID: D93712 Date of Disbursement					
Mailing Address 38 Ivy St SE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ O & 1 & O \end{smallmatrix} \end{bmatrix} $					
•	State Zip Code DC 20003-4006		Amount of Each Disbursement this Period					
Purpose of Disbursement Contributions to Federal Candidates			1000.00					
Candidate Name Rep. Lois Capps		Category/ Type						
Senate X President	ment For: 2010 Primary General Other (specify)							
State: CA District: 23								
Full Name (Last, First, Middle Initial) CAPUANO FOR CONGRESS COMMITTE	E		Transaction ID: D94087 Date of Disbursement					
Mailing Address PO BOX 440305			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$					
	State Zip Code MA 02144		Amount of Each Disbursement this Period					
Purpose of Disbursement Voided Contribution of 10/14/09		-4000.00						
Candidate Name Rep. Michael E. Capuano		Category/ Type						
Senate X President	ment For: 2010 Primary General Other (specify)							
State: MA District: 08								
SUBTOTAL of Disbursements This Page (optional)		>	-500.00					

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	City SOMERVILLE			tate ∕IA	Zip Code 02144				Amo	unt of	Each	n Disbu		ent this	
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	Rep. Michael E Office Sought: State: MA	X House Senate President District: 08		nent For: Primary Other (spe	2010 X General ecify)		Туре		_						
	•	First, Middle Initial) FOR CONGRESS PO Box 271	3							of Di	sburs	: D9 ement	V	ý . Ý 2 0 1	0 Y
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	White Plains Purpose of Disbu Voided Contributi		<u></u>	NY	10605	Г							-1	000.0	00
	Candidate Name Rep. Nita M. Lo	owey					atego Type	-							
	Office Sought: State: NY	X House Senate President District: 18	1	nent For: Primary Other (spe	2010 General		- 7 -		_						
	, ,	First, Middle Initial) enate Committee	•						Date	of Di	sburs	ement	4127		
	Mailing Address	8331 Little Har	bor Dr						0 ^M 4	М	D 2	28	Y	ž 0 1	0
	City Cincinnati			tate OH	Zip Code 45244-2768				Amo	unt of	Each	n Disbu		ent this	
		rsement ederal Candidates							L.				5	5000.0	00
	Candidate Name Mr Rob Portma						atego Type								
	Office Sought:	House X Senate President		nent For: Primary Other (spe	2010 General										
	State: OH	District:	1												

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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			
\rangle	NAME OF COMMITTEE (In Full) American Health Care Association Politica	l Action Committee		
<u>/</u>	Full Name (Last, First, Middle Initial) BENNET FOR COLORADO			Transaction ID: D93836 Date of Disbursement
	Mailing Address 1900 GRANT STREET	SUITE 1170		044 / 13 / 2010
	City DENVER	State Zip Code CO 80203		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates			1000.00
	Candidate Name Sen. Michael Bennet		Category/ Type	
	X Senate X President	ement For: 2010 Primary General Other (specify)	•	_
	State: CO District: 00 Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE			Transaction ID: D93718 Date of Disbursement
	Mailing Address POST OFFICE BOX 592	28		04 / 08 / 2010
	City WINSTON-SALEM	State Zip Code NC 27113		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates			5000.00
	Candidate Name Sen. Richard Burr		Category/ Type	
	Office Sought: House Disburs X Senate President State: NC District: 00	ement For: 2010 Primary X General Other (specify)		
	Full Name (Last, First, Middle Initial) FRIENDS OF TREY GRAYSON			Transaction ID: D93717 Date of Disbursement
	Mailing Address PO BOX 175726			04 7 08 7 2010
	City Fort Mitchell	State Zip Code KY 41017		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates			4000.00
	Candidate Name FRIENDS OF TREY GRAYSON		Category/ Type	
			+	
		ement For: 2010 Primary General Other (specify)		

SCHEDULE B (FEC Form 3X)

TELUZED BIADI IDA	Use separate schedule(s) (check or	E NUMBER: PAGE 24 / 25
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	<u> </u>	22 X 23 24 25 28 28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)			
American Health Care Association Polit	cal Action Committee		
Full Name (Last, First, Middle Initial) FRIENDS OF TREY GRAYSON			Transaction ID: D93881 Date of Disbursement
Mailing Address PO BOX 175726			04 14 2010
City Fort Mitchell	State Zip Code KY 41017		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates			5000.00
Candidate Name FRIENDS OF TREY GRAYSON		Category/ Type	
Senate President	rsement For: 2010 Primary X Genera Other (specify) ▼	I	
Full Name (Last, First, Middle Initial)			Transaction ID: D93720
Tuesday Group Political Action Commit	tee		Date of Disbursement O 4
Mailing Address PO Box 11586			04 08 2010
City Washington	State Zip Code DC 20008		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal PACs			5000.00
Candidate Name Tuesday Group Political Action Commit	tee	Category/ Type	
Office Sought: House Disbution Senate President State: District:	rsement For: Primary Genera Other (specify)	ı	_
Full Name (Last, First, Middle Initial) VICTORY IN NOVEMBER ELECTION F	PAC (VINEPAC)		Transaction ID: D93716 Date of Disbursement
Mailing Address 227 Massachusetts A	ve. NE		$\begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} & \begin{bmatrix} D & D & D \\ 0 & 8 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal PACs			5000.00
Candidate Name VICTORY IN NOVEMBER ELECTION F	PAC (VINEPAC)	Category/ Type	
Office Sought: House Disbution Senate President State: District:	rsement For: Primary Genera Other (specify)	l	

A.

В.

District: 01

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) American Health Care Association Political	Action Committee					
Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS Mailing Address 8150 W. Emerald Street			Transaction ID: D94148 Date of Disbursement M 4			
,	State Zip Code ID 83704		Amount of Each Disbursement this Period			
Purpose of Disbursement Redesignation			-1000.00			
Candidate Name Rep. Walt Clifford Minnick		ategory/ Type	[MEMO ITEM]			
	ment For: 2010 Primary General Other (specify) ▼		[
Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS			Transaction ID: D94149 Date of Disbursement M M M / D2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 8150 W. Emerald Street	7.0					
•	State Zip Code ID 83704		Amount of Each Disbursement this Period			
Purpose of Disbursement Redesignation			1000.00			
Candidate Name Rep. Walt Clifford Minnick		ategory/ Type	IMEMO ITEM			
Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify) ▼		[MEMO ITEM]			

SUBTOTAL of Disbursements This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)	•	45500.00

State: ID